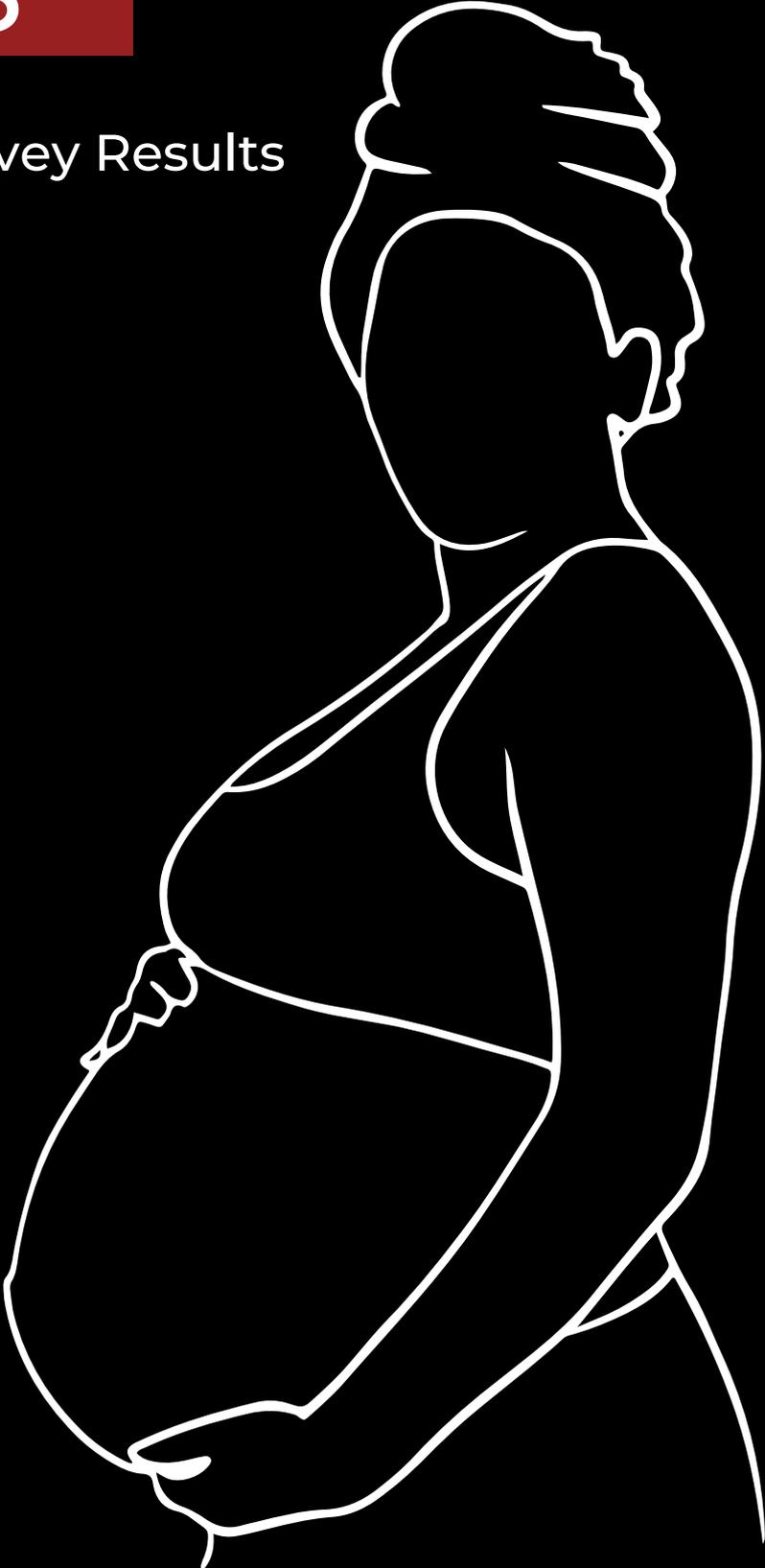




COUNTING WHAT MATTERS

Birth Experiences Survey Results



Thank you to participants who completed the Birth Survey
and took the time to get counted. Your story matters.



PRODUCED BY EMBRACE, THE MOVEMENT FOR MOTHERS/ CAPE TOWN/ FEBRUARY 2024

**Embrace is an incubated project of the DG Murray Trust (DGMT).
DGMT is a South African foundation built on endowments from Douglas and Eleanor Murray. As a public innovator through strategic investment, DGMT is committed to developing South Africa's potential. To this end, DGMT has identified 10 opportunities to escape the inequality trap and build a thriving society. These opportunities span early childhood development, innovation amongst civil society organisations, youth development, preventing nutritional stunting and promoting literacy.**

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Overview

Obstetric violence occurs any time a pregnant or birthing person* is mistreated or disrespected by nurses, doctors, midwives or any other medical staff. This includes verbal abuse (like bullying, coercion or humiliation) and physical abuse (like assault, sexual abuse and medical interventions without informed consent). Neglect and emotional abuse are also forms of obstetric violence.

Did you know that we don't yet have the statistics on how many mothers experience obstetric violence and birth trauma in South Africa? Without this data, it is easy for those in power to minimise the traumatic experiences people go through during pregnancy, birth and postpartum. It also allows them to ignore the scale of the problem.

That's why at the end of 2023, during 16 Days of Activism Against Gender-based Violence, Embrace launched the Birth Survey. The Birth Survey is our first foray into getting mothers counted. Countries like Australia, Italy, Spain, Mexico, Brazil, Ethiopia and Kenya have undertaken prevalence studies and have used these studies to advocate for systemic vigilance against obstetric violence, including rigorous monitoring, reporting and information management, and ongoing research. We started with mothers in the Embrace movement and partner organisations. We want to use these results to advocate for nationally-representative research and for Respectful Maternity Care policy implementation in South Africa.

How a person is treated and how they are made to feel during pregnancy and birth, at their most vulnerable, matters!

We shared the Birth Survey with Embrace's online community on our social media platforms at the beginning of 16 Days of Activism and the survey was open for two weeks. We also sent out a newsletter and open call to our partners and other organisations, movements and coalitions across the country, to share the survey with women in their network. The survey was completely anonymous and took less than 5 minutes to complete. 482 women completed the survey.

*Note: Embrace acknowledges that not all pregnant people identify as women. We therefore use inclusive language to recognise transgender and nonbinary persons who are also affected by obstetric violence.

One of the limitations of this Birth Survey is that it was administered online and participation depended on access to data and a smartphone or laptop, and the ability to use digital tools with success.. 47.4% of survey respondents gave birth in private health institutions and a further 8.2% indicated that they had given birth in both private and public. 42.7% said they had given birth in a public health institution and about 10% said they had had home births. We know that in South Africa, 80% of the population relies on the public healthcare system for healthcare. The over-representation of respondents who had given birth in private healthcare could indicate that the method used for data collection - an online survey tool - was probably inaccessible to a lot of women, many of whom would have most likely been public healthcare users.

*“Birth was just meh. It was a rough day of my life, where I often felt abandoned and alone, but ended in the positive outcome of my healthy baby. When I hear other women talk about how their birth was so special/empowering I feel anger, disgust, resentment and sadness”
- Anonymous*

Let's unpack results from the survey

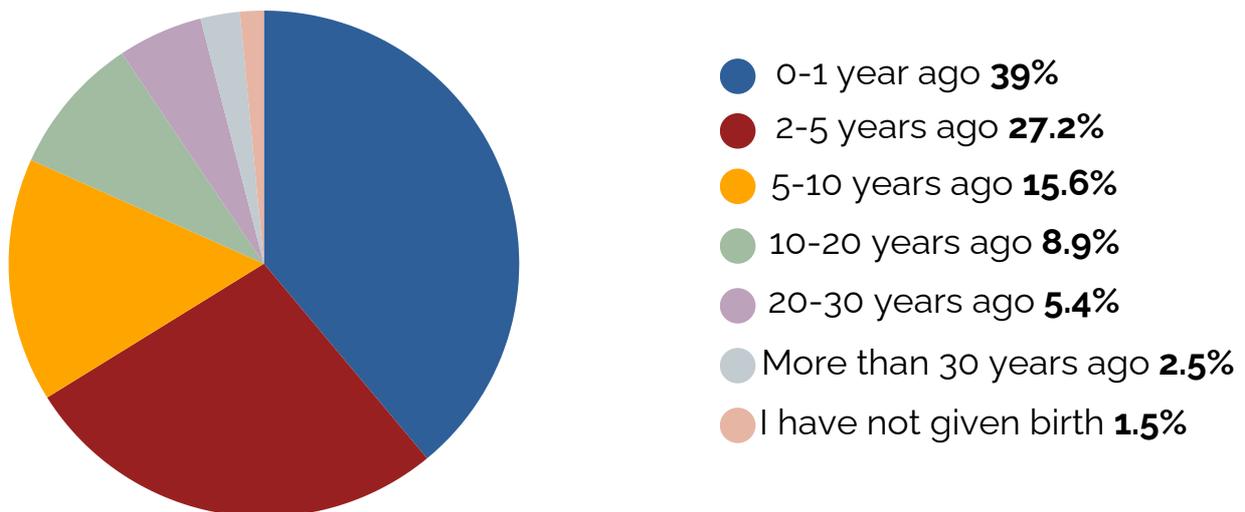
482 responses



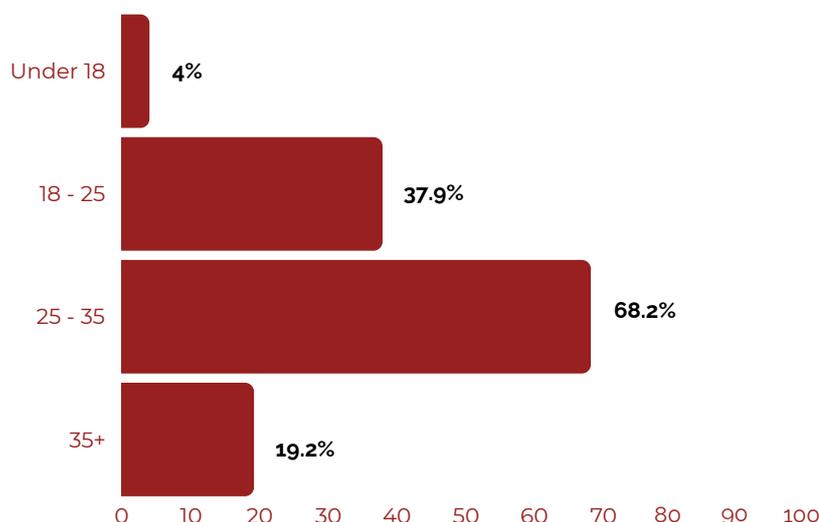
1 in 2 women indicated that they had experienced some form of obstetric violence

When did you give birth?

482 responses



How old were you when you gave birth? (If you have had multiple births, please tick all that apply)?





“My first experience as a teenage mom was daunting, to say the least. I was petrified and that feeling was not alleviated by the nurses at all. I was scolded and I felt so useless in that moment but I did my best to shut off the noise and fill my thoughts with my sole responsibility to my baby” - Anonymous

Count Our Births

Prevalence

53% of respondents said that they had experienced some type of obstetric violence; many of them indicated that they had experienced multiple forms of obstetric violence.



"I was transferred from a small clinic to a big hospital because they said the birth is an emergency. When I got there, they said I should wait in the admin room. I started screaming and shouting because my baby was near, with no help. When the sister finally came, I walked slowly to the birth room. That's like 4-5 hours later. The sisters told me to push when the pain comes. I told them I no longer have pains and tried to push. They all walked out and told me I don't want to give birth. I had to touch my vagina to feel my baby's head and screamed for help. They came back and pushed the baby out. My daughter passed away. I have not been able to have another baby. The sister came in and told me that I killed my daughter and I am fully responsible for that. How did I kill her?"

- Anonymous

Count Our Births

Types of obstetric violence

- 23.8% said they were ignored by healthcare providers while in active labour
- 21.9% said they had received poor postnatal care
- 21.1% said they had been shouted at by healthcare staff
- 17.5% said they believed their concerns about their pregnancy or perceived complications were dismissed
- 16.7% said they had not been asked for their consent before a medical procedure (such as an episiotomy, C-section, vaginal exam, sterilization)
- 14.3% said they felt discriminated against based on factors like age, race, religion, health status, economic status, marital status, sexual orientation, disability, nationality or documentation status.
- This was closely followed by the percentage of women who had endured name-calling and verbal insults (14.1%)
- 11.4% had been denied appropriate pain medication
- 4% said they had been forcibly restrained during labour or childbirth
- 3.4% indicated they had been slapped, pinched or smacked by a health worker
- 1.3% had been denied access to health services at a facility during pregnancy, labour or while breastfeeding

Did you know?

According to researchers, obstetric violence does not just denote individual, isolated acts of violence. Dr Jess Rucell writes about obstetric structural violence: "...societal norms, political-economic arrangements, health systems, and their policies, have established structural violence which generates and spreads a continuum of violent practices within reproductive health services". She argues that obstetric structural violence is the cause of direct obstetric violence.



“These things are so insidiously common; feeling violated can look so different across the private public health divide. When you have **an experience like mine that was more subtle and less physically violent** than what other mothers may experience, and when the system itself favours the doctors, you don't feel like saying anything will make a difference or that your experience is worth reporting... Leaving the first hospital was how I responded to it but **even my own family didn't really understand how disempowered and angry I felt** and how that created a lot of anxiety post birth with my first child”

- Anonymous

Count Our Births

Effects of obstetric violence

Birth is a single, finite event, but the effects of birth may be felt by the person for a long time. If you have experienced violence, the trauma is not something that goes away as soon as you have given birth. Maternity care is where mothers receive the physical and psychological care that will assist them in their first steps toward motherhood. People seeking reproductive healthcare are especially vulnerable, and violence committed in healthcare settings should be considered a serious violation of human rights.

01

Of the **53%** of survey respondents who said they have experienced obstetric violence:

02

44.8% said their experience(s) with obstetric violence had affected their mental health

03

44.2% said they felt they couldn't return to the same facility where they had experienced birth trauma.

04

Almost the same percentage felt anxious or fearful about interacting with the healthcare system (**42%**). Obstetric violence has an impact on health-seeking behaviour.

05

39.1% said it had affected their desire to have more children

06

27.2% said they had experienced complications with their physical recovery post-birth

07

6.1% said they were forced to take time off work and other income-generating activities

08

21.5% said their confidence in bonding with and ability to look after their baby had been affected

09

2.3% believed it caused their baby's disability

10

3.4% said it resulted in infant loss

Did you know?

Obstetric violence has been shown to contribute to postpartum depression and anxiety and post-traumatic stress disorder. According to the [Perinatal Mental Health Project](#), 1 out of 3 women who give birth in South Africa are at risk of a perinatal mental health condition, which is higher than the global average of 10%.



“They had left gauze inside of me for two weeks. Without my knowledge. I was busy dying. I picked up an infection and it resulted in me not bonding with my child for nearly a month due to physical and mental trauma. When we reported it they dismissed it, even though I had proof of what they left inside me. Still they had a nonchalant attitude and basically made me feel like I was unnecessary and dramatic” - Anonymous

Count Our Births

Reporting obstetric violence

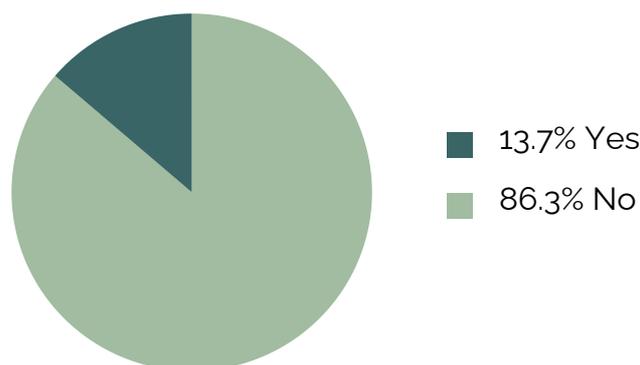
When asked if they had ever tried to report the violence, an overwhelming majority of the women said they had not (86.2%), and only 13.8% had tried to report it. Reasons for not reporting ranged from “I didn't have the emotional energy” (67.1%), “At the time I didn't realise it was wrong” (33.8%), “I didn't know how to report it” (32%), “I blamed myself” (17.8%), “I was afraid to report because I would have to go back to the same facility for healthcare” (17.3%), “I was worried that no one would believe me” (12.9%), “I was afraid that something would happen to my baby if I complained” (10.7%), “I felt ashamed of what happened to me” (10.2%), “My family/friends discouraged me” (1.3%).



“Most of the staff, including medical personnel and cleaners and cooks were kind. The unit where I gave birth was understaffed that night with one nurse or midwife, I’m not sure, in the entire unit. There were a few doctors and all of them were extremely racist and literally looked at us like we were animals. I remember one female Indian doctor specifically - her behavior was atrocious and inhumane. She should not be around vulnerable black people ever. The birth went well enough I guess. I’m still traumatised by how that doctor treated me. The male doctor who was checking my dilation before I moved to the birthing unit was extremely inappropriate. I was reading a book when he came around to examine me. He saw the book and while his hands were literally in my vagina, he kept saying it’s great that I like to read and he likes dating women that like to read. That felt incredibly violating. All the medical staff for the day shift were truly kind but there was one night shift nurse whose behaviour was truly abominable - shouting at us the entire night, refusing most requests, not helpful, refusing to give us milk for our babies who weren’t latching while the babies cried all night. It was a nightmare” - Anonymous

- 01** Only **13.7%** of women who experienced obstetric violence had tried to report it, and **88.9%** of them said they were dissatisfied with the outcome.
- 02** **75%** of respondents had reported directly to the healthcare institution
- 03** **11.1%** to their local clinic committee
- 04** **5.6%** had taken legal action against the health institution or healthcare provider
- 05** **5.6%** reported the healthcare provider to a professional association such as the Health Professions Council of South Africa (HPCSA) or the South African Nursing Council (SANC)
- 06** **2.8%** of respondents had contacted the Health Ombudsman/Office of Health Standards Compliance

Did you ever try to report what happened to you?



- 07** **77.8%** of respondents who had reported the violence said nothing had happened after reporting
- 08** **16.7%** said they had received a formal apology from the healthcare institution

Only one respondent indicated that they received financial compensation, and only one woman said she was provided medical redress or remedial medical care. One respondent indicated that it was triggering for her to be offered counselling by the same healthcare institution that caused her trauma and where she frequently bumped into the health worker who violated her

As things stand, there is no functional, streamlined, standardised and victim-centred complaints process for people who experience obstetric violence. So, not only is obstetric violence under-reported, but even in cases where women have tried to report it, there was a lack of accountability from healthcare institutions, providers, and provincial and national health departments.

Did you know?

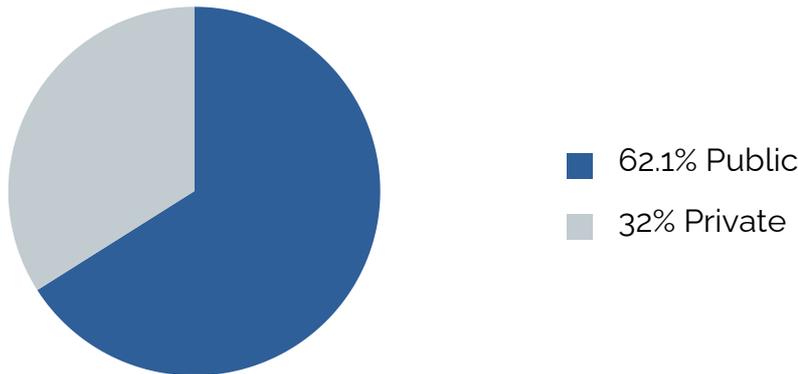
In 2022, obstetric violence was recognised as a form of gender-based violence at the Second Presidential Summit on Gender-based Violence and Femicide. Some of the Summit Resolutions include: 1) strengthening health system accountability through co-opting the Minister of Health to serve on the inter ministerial on gender-based violence and femicide (GBVF) and Health MECs to serve on provincial implementation committees; 2) ensuring the protection of women during pregnancy and childbirth by taking decisive action against perpetrators of GBVF and forced sterilization, ensuring redress for victims of obstetric violence, and ensuring that Chapter Nine institutions (for example, the Public Protector, South African Human Rights Commission, Auditor-General and Commission for Gender Equality) as well as Health Professionals and Nursing Councils intervene to guarantee investigations into allegations of gender-based violence and coerced/forced sterilization 3) recognise pregnant persons as particularly vulnerable persons at risk of GBVF, and demand action from the State to protect and enable the rights of pregnant persons, including victims/survivors of obstetric violence



“Reporting was not easy and I think a lot of women end up losing the energy to see it through because it takes so much effort and financial resources. I dealt with HPCSA, SANC, Department of Health, clinic committee, district health managers, the hospital itself and Commission for Gender Equality and still not much was concluded. In all this, there was no compassion and robotic responses almost made me give up...until I found Embrace! After realising the existence of the Embrace Movement, my hope of justice was restored and I immediately became empowered to continue the walk into motherhood. I no longer felt singled out and alone and by using the resources provided by Embrace I could rebuild confidence to see this journey through” - Anonymous

Count Our Births

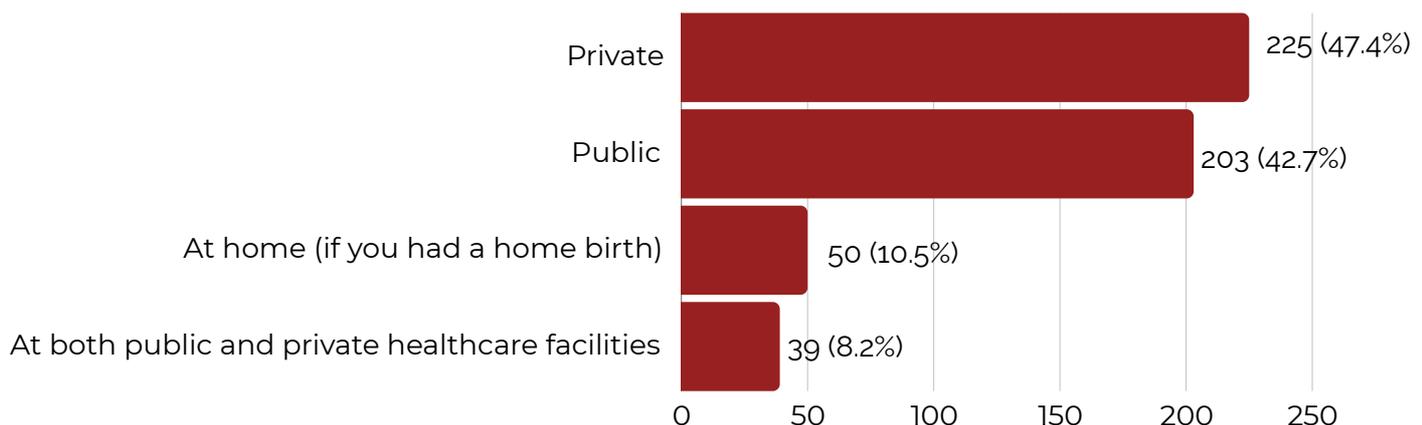
Where does obstetric violence happen?



There is a common misconception that obstetric violence only happens in the public healthcare sector. In order to understand the differences between the prevalence of obstetric violence in public and private healthcare, we conducted a mini-analysis that excluded respondents who had indicated that they had given birth in both private and public health institutions and looked at those who had either only had birth experiences in public health institutions and those who had only given birth in private healthcare.

Our survey suggests that women who gave birth in public health institutions were two times more likely to experience obstetric violence than in private healthcare.

Where did you give birth?



72 of the 225 respondents (32%) who indicated they had only given birth in private health institutions experienced obstetric violence.

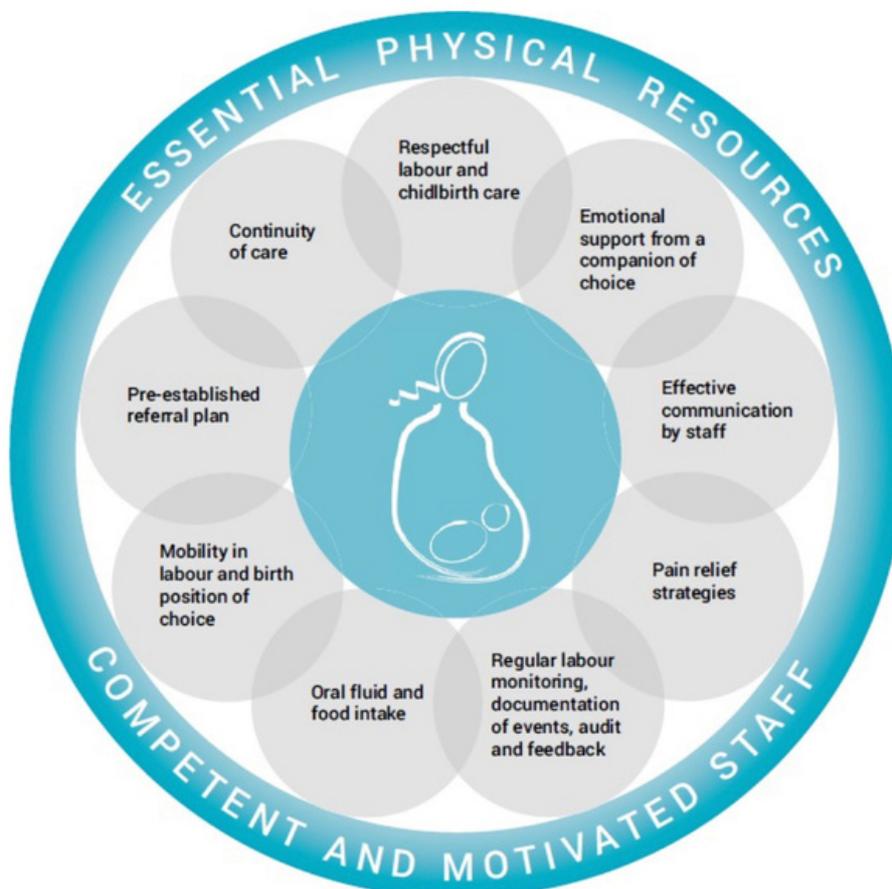
The forms of obstetric violence most reported in the private sector were: they had received poor postnatal care, their concerns about their pregnancy or perceived complications were dismissed, and they were coerced into medically unnecessary procedures. When describing their birth experiences, many women said that they felt like vital information was withheld from them or that they were lied to either during childbirth or antenatal care.

"I feel that the fear mongering and coercion used in the private sector by obstetricians in order to sway the mother to have an unnecessary caesarean section "or you are putting your baby at risk" (without explaining the risks of major abdominal surgery) is an equally unacceptable form of obstetric violence. These care providers are NOT around to help the mother and baby navigate the potential breastfeeding and healing issues after an unnecessary c section and simply try and persuade people that" it's just so much easier and safer" which is simply NOT the case with low risk mothers and babies"
- Anonymous

Did you know?

According to the World Health Organisation (WHO), there has been an increase in the overmedicalisation of childbirth processes that tends to undermine women’s own capabilities to give birth and negatively impacts their childbirth experience. WHO promotes a model of care based on Respectful Maternity Care, a basic human right of pregnant women and babies in facilities, that has been shown to lead to improvements in women’s childbirth experiences. This includes labour and birth companionship, effective communication, choice of birth position, choice of pain relief, and no unnecessary birth practices that are not recommended for healthy pregnant women – which include the liberal use of episiotomy (a surgical cut made at the opening of the vagina during childbirth to aid a difficult delivery), fundal pressure (an obstetric technique performed by manually pushing or applying constant downward pressure with the hands at the top of the woman's uterus), routine amniotomy (otherwise known as “breaking the waters”, where the amniotic sac is intentionally ruptured by a healthcare provider) and medically unnecessary C-Sections.

Schematic representation of the WHO intrapartum care model



“The severe physical injury caused by the birth of my second child has left me with lifelong health complications. It also impacted my relationship with her when she was born and it has subsequently degraded even further. [My daughter] has been so impacted by it that she has decided not to give birth to children” - Anonymous

126 of the 203 respondents (62.1%) who indicated they had only given birth in public health institutions had experienced obstetric violence.

The public healthcare system serves about 80% of the population and faces a number of challenges that impact the delivery of quality healthcare. There are huge disparities between private and public healthcare, such as the inequitable distribution of human resources and financial resources, as well as uneven distribution of infrastructure, equipment, and medications. It is important to remember that obstetric violence also happens through systemic failures at the health facility and health system levels, and when there is a failure to deliver an acceptable standard of care to healthcare users. Responding to the Health Ombudsman's scathing report on the investigation into Rahima Moosa Mother and Child Hospital in 2023, Dr Sheena Swemmer from the Centre for Applied Legal Studies writes: “Rahima Moosa Hospital is an example of this preservation of systemic violence through a lack of funding and mobilisation of resources”.

“I used a public hospital, where the service is not consistent. Some nurses are caring and others are just rude. The ward was overcrowded; others had to sleep on the floor. The room next to us had mothers who were Covid positive but we had to share the same bathrooms with them. I never saw any cleaner or sanitiser. The hospital only had cold water so we could not bath ourselves and newborns” - Anonymous

2 of the 50 respondents (4%) who indicated they had only given birth at home experienced obstetric violence. Women who indicated that they had had private midwife-assisted home births used phrases like “incredibly physiological”, “non interventionist and amazing”, “caring and empowered”, “empowered and confident”, “supportive and peaceful”, “special, intimate and loving”, “transformative, supported” and “positive” to describe their birth experiences.

It is important to note, this Birth Survey did not ask for detailed information about the conditions relating to women’s home birth experiences. Therefore, we cannot comment on the specific circumstances that resulted in positive home birth experiences for the women who participated in the survey or the correlation between positive birth experiences and the choice to have a home birth.

“My second birthing experience was amazing, and empowering, this was a home water birth. I felt heard, cared for and in control of my surroundings, which I feel is important for a mother during such a valuable time” - Anonymous

What’s next?

This was an informal “people’s survey” that sought to understand the extent and nature of the obstetric violence experienced by women in the broader Embrace network. We hope to commission a larger, nationally representative study in 2024 that captures experiences across public and private sectors for a more robust understanding of the prevalence of obstetric violence in South Africa.

In South Africa, we keep a record of maternal deaths and their causes. The maternal mortality rate is the number of maternal deaths/100 000 live births and is widely accepted as a key indicator of a nation's health and socio-economic development. We need to go beyond counting the number of women who die during labour and childbirth (maternal mortality rate) and broaden our understanding of maternal health to include Respectful Maternity Care, which the World Health Organisation defines as the “humane and dignified treatment of a childbearing woman throughout her pregnancy, birth and period after childbirth that respects her rights and choices through supportive communication, actions and attitudes”, and highlights as a key recommendation for reducing maternal mortality.

WHAT WE COUNT MATTERS.

9 WAYS WE CAN UPHOLD THE RIGHTS AND DIGNITY OF BIRTHING PEOPLE

1

INFORMED CONSENT FOR ALL MEDICAL PROCEDURES



2



LABOUR COMPANION OF CHOICE

3

EFFECTIVE PAIN MANAGEMENT



4



MOBILITY IN LABOUR AND BIRTHING POSITION OF CHOICE

5

ACCESS TO MEDICAL RECORDS



6



RESPECTFUL, EFFECTIVE COMMUNICATION

7

ACCESS TO NETWORK OF RELIABLE REFERRALS



8



REGULAR MONITORING AND CARE OF MOTHER AND BABY

9

DISCRIMINATION-FREE SERVICES FOR ALL BIRTHING PEOPLE



Please share this pamphlet with your network and join the call for dignified, rights-based, high-quality and respectful maternal care for all women and birthing people.

ABOUT EMBRACE

Embrace is a social movement for mothers that values and celebrates motherhood and mothers, and the critical role they have to play socially, economically and politically in South Africa. We advocate for the priorities of early motherhood, and are committed to raising awareness about the scourge of obstetric violence. Embrace is an incubated project of the DG Murray Trust.

To find out more about obstetric violence and Embrace's work, please visit: www.embrace.org.za/birth

In 2024, Embrace would like to commission a nationally representative prevalence study. If you or your organisation would be interested in funding this research, please contact us.

Want to connect with us?

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FOR MEDIA ENQUIRIES

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